

REQUEST FOR HIGH SCHOOL ACCREDITATION REVIEW

Please provide all of the information requested below. The completed form should be emailed to hsaccreditation@dpi.nc.gov

School Name	
School Address	
School Number	
Grade Levels	
Principal	
Superintendent	
Current Student Count Per Grade Level	
Grade 9	
Grade 10	
Grade 11	
Grade 12	
Name and email address of individual to serve as contact	

Has the school conducted a self-assessment or participated in a Comprehensive Needs Assessment? If yes, when?

I, _____, Superintendent of _____
(district) request a high school accreditation review for the high school listed above.

Signature

Date

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